

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31477

State File No.

FILED SEP 22 1951

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8235	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2039			
d. FULL NAME OF (If not in hospital or institution, give street address or location) St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 2634 So. 59th St.			
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS		b. (Middle)		c. (Last) FRIGERIO		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 15 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH July 19, 1880		9. AGE (In years last birthday) 71 If under 1 year: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Angeline			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cesar Frigerio, 2634 So. 59th St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE ANTECEDENT CAUSES DUE TO (b) HYPERTENSION DUE TO (c) ARTERIO SCLEROSIS 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 321X			
22. I hereby certify that I attended the deceased from 9-3-51 , 19__, to 9-15-51 , 19__, that I last saw the deceased alive on 9-15-51 , 19__, and that death occurred at 2:24 pm. , from the causes and on the date stated above.							
23a. SIGNATURE W. B. Kuebler M.D.		23b. ADDRESS 315 Lafayette Avenue		23c. DATE SIGNED 9-17-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-18-51		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. SEP 17 1951		REGISTRAR'S SIGNATURE Paul C. Calaberra		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calaberra, 5142 Daggett Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed

Student Embalmer No. _____

Licensed Embalmer No. 4194

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.